

Sample Forms

Intake

Self-Help Office Intake Form
Legal Counsel for the Elderly – IONA

[Volunteer initials _____/time started _____/ended _____]
(The following information must be provided before using the self-help office)

Your name:	Date:	Time arrived:
(Last) (First) (Middle Initial)		
Address:		City:
State:		Zip:
Phone: (With Area Code) _____		
Ethnicity:		
_____ African-American	_____ Asian	_____ Other
_____ White	_____ Hispanic	
Gender _____		
Birthdate _____	AARP Member? _____	
Total Household Assets (for example savings, real estate): _____		
Number in household: _____		
Monthly Household Income:		
_____ less than \$1477	_____ less than \$2503	
_____ less than \$1990	_____ less than \$3017	
IMPORANT INFORMATION. PLEASE READ THE FOLLOWING CAREFULLY BECAUSE IT IS VITAL FOR YOU TO KNOW AND UNDERSTAND THESE FACTS:		
This is a Self-Help Office [SHO] designed for you to help yourself. While you are using this office, LCE is <i>not your</i> attorney. If you are unable to resolve your problem with this self-help information, SHO staff may be able to obtain an attorney to assist you. Once you leave this office, SHO staff will not take any further action on your matter. However, SHO staff invite you to return if you need any additional assistance.		
Signature _____	Date _____	

(The following information must be provided before using the Self-Help
Office)

Self Help Office Intake Form: Legal Counsel for the Elderly

Today's date: _____

Your Name: _____
Last First Middle Initial

Your street address:

_____ # Street Apt. # (NW, NE, SW, SE)

Your zip code _____

Ethnicity (check one)

_____ African American (BL) _____ Asian (AS) _____ Hispanic (HI)

_____ White (WH) _____ Other (OT)

Gender: _____ Female _____ Male

Birth Date: _____

Total Household Assets (for example savings, real estate): _____

Monthly Household Income: _____ \$0 to \$716 _____ \$717 to \$1432
_____ over \$1433

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Signature

Date

(//) Check All The Services Provided

- ___ 1. Legal information on following topics: _____

- ___ 2. Self-help brochures on following topics: _____

- ___ 3. Consumer complaint letter sent to: _____

- ___ 4. Small claims suit where defendant is: _____

- ___ 5. Complaint with DC government sent to: _____

- ___ 6. LCE Legal Hotline service
- ___ 7. LCE Intake
- ___ 8. Legal document of following type(s): _____

- ___ 9. Letter to Landlord / Housing inspector (circle one)
- ___ 10. Public benefit check-up. Is eligible for: _____

- ___ 11. Benefits application sent to: _____

- ___ 12. Referral to following legal services: _____

- ___ 13. Referral to following agency: _____

- ___ 14. Other services. Please describe: _____

Brief description of the problem:

INTAKE NOTES

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